

L13000173653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

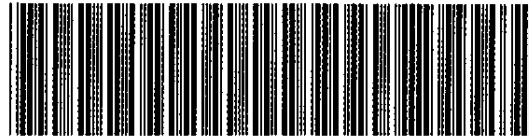
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CLERK OF STATE
TALLAHASSEE FLORIDA

DEC 17 2013

U. BRUCE

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cousins Management Group, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ingrid M. Mull

Name of Person

Firm/Company

2318 Yalta Terrace

Address

North Port, FL 34286

City/State and Zip Code

INNY68 @ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid M. Mull

Name of Person

at (518) 929-0335

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cousins Management Group, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2318 Yalta Terrace
North Port, FL
34286

Mailing Address:

2318 Yalta Terrace
North Port, FL
34286

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ingrid M. Mall
Name

2318 Yalta Terrace

Florida street address (P.O. Box **NOT** acceptable)

North Port FL 34286

City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Ingrid M. Mall
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 01/01/14

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Ingeid M. Mull
2318 Yalta Terrace
North Park FL 34286

MGRM

David J. Mull
2318 Yalta Terrace
North Park, FL 34286

MGRM

Daniel Mull
526 East 17th Street
Lockport, IL 60441

MGRM

Patricia Mull
526 East 17th Street
Lockport, IL 60441

*(Use attachment if necessary) * See pg. 2

ARTICLE V: Effective date, if other than the date of filing: Jan. 1, 2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND REGISTERED FIRMS

REQUIRED SIGNATURE:

Ingeid M. Mull

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ingeid M. Mull

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

pg 2

*

MGRM

MARK FLAMM

8230 W. 163rd Street

Tinley PARKS IL

34982

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FBI - CHICAGO
FBI COMMUNICATIONS SECTION